

Childcare Charges



Any information that you supply will be used only to process your claim and will be maintained in accordance with the Data Protection Act. We may pass the information to other agencies or organisations such as the Department of Works and Pensions or the Inland Revenue as allowed by law.

Please return your completed and signed form to a designated office at:

The Operations Team, The Highland Council, PO Box 5650, Inverness, IV3 5YX

Surname

Other names

Address

Claim No.

Telephone No.

About the childcare provider

The childcare provider is the person or organisation who cares for your child or children. If you use more than one provider, you will need to complete a separate form for each provider.

Please detail the full name of the person **or** if it is an organisation, the person in charge of the organisation where your child or children are cared for.

Name of organisation (if any)

Date child care started

Please state how many weeks in the last 6 months you did not incur childcare charges and how many weeks in the next 6 months you will not incur childcare charges

1. Listed below are types of childcare. Please tick the one that applies to you.

Registered childminder caring for child in your own home or childminder's own home

Out of hours club at school

Registered nursing care for child on nursery premises

Out of hours club run by local authority

Registered playscheme

Nursery or playscheme on Government property

Other: Please describe type of care

State where care is provided, eg, in your own home, at a nursery

Address of childcare facility

Daytime telephone number

2. Is the childcare provider registered with a local authority? Yes No

Name of the local authority

Local authority registration number

The children

Enter the full names of the children cared for by the provider named on page 1.

Child 1

Child 2

Child 3

To be completed by the childcare provider

We need to know either the weekly or monthly amount charged for each child. If you charge on any other basis, for example fortnightly, please break this down to a weekly figure and enter in **Section 5** the **weekly** amount charged for each child over the last four weeks. If you charge on a **monthly** basis please go to **section 6** and complete the details asked for.

Please give net amounts charged after Government funding which you receive in respect of each child.

3. What is your hourly rate? £

4. How many hours a week are you paid for?

5. Are you paid for the childcare weekly? Yes No

	Week 1	Week 2	Week 3	Week 4
Child 1	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Child 2	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Child 3	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

6. **You only need to answer this if you charge monthly.** If you charge a fixed amount each month, enter the total amount charged for each child in the **Fixed Monthly Payment** column. If not, enter the amount charged for the last 12 months in the **Total Amount Paid** column. If you have been charging for less than 12 months be sure to enter the number of months.

	Fixed monthly payment	Total amount paid	Number of months (if less than 12 months)
Child 1	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child 2	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child 3	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

Declaration by the childcare provider

If you give false information you may be liable to financial penalties and you may be prosecuted.

I certify that the information given about the childcare charges on this form is correct and complete to the best of my knowledge and belief.

Signed Date

Your declaration

If you give false information you may be liable to financial penalties and you may be prosecuted.

I certify that the information given about the childcare charges on this form is correct and complete to the best of my knowledge and belief. I certify that I will notify the Operations Team or any Designated Office immediately of any changes to this information or to my circumstances.

Signed Date